

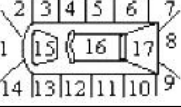
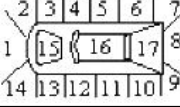
STATE OF FLORIDA TRAFFIC CRASH

LONG FORM ☐ SHORT FORM ☒ UPDATE ☐
(Shaded Areas)

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 1
TOTAL # OF PERSON SECTION(S) 2
TOTAL # OF NARRATIVE SECTION(S) 13

CRASH DATE 01/17/2012		TIME OF CRASH 3:06 PM		REPORTING AGENCY CASE NUMBER 12-1124		HSMV CRASH REPORT NUMBER 91687586	
CRASH IDENTIFIERS							
COUNTY CODE 05	CITY CODE 52	COUNTY OF CRASH Polk		PLACE OR CITY OF CRASH Lakeland		CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>	TIME REPORTED 3:06 PM
TIME ON SCENE 3:15 PM		TIME CLEARED SCENE 7:00 PM		CHECK IF COMPLETED <input type="checkbox"/>		REASON (If Investigation NOT Complete) ON-GOING SBI CRASH INVESTIGATION	
						Notified By: 1 Motorist <input checked="" type="checkbox"/> 2 Law Enforcement <input type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY W. BEACON RD				AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2	
AT FEET	OR MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 EDEN PKWY		OR FROM MILEPOST # 4	
Road System Identifier 5 1 Interstate 2 U.S. 3 State		Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb		Type of Intersection 2 1 Not at Intersection 2 Four Way Intersection 3 T Intersection 4 Y Intersection		5 Traffic Circle 6 Roundabout 7 Five Point, or More 77 Other, Explain in Narrative	
4 County 5 Local 6 Turnpike/ Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative							
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input checked="" type="checkbox"/>							
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted		Weather Condition 1 1 Clear 2 Cloudy 3 Rain		Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost		School Bus Related 2 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	
5 Dark Not Lighted 6 Dark Unknown Lighting 77 Other, Explain in Narrative 88 Unknown		4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		Manner of Collision/Impact 3 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown	
First Harmful Event 10 1 No 2 Yes 88 Unknown		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non Collision		Collision-non Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	
First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right of way 10 Roadside 88 Unknown		First Harmful Event Relation to Junction 2 1 Non Junction 2 Intersection 3 Intersection Related 4 Driveway/ Alley Access Related		Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/ maintenance/ utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown	
Work Zone related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown	
						Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present	
WITNESSES							
NAME JEFF S JONES		ADDRESS 1815 W PARKER ST		CITY & STATE LAKELAND FL		ZIP CODE 33815	
TELEPHONE (863) 397-8502							
NAME SAMANTHA I SANTIAGO		ADDRESS 929 ARIANA ST # 14		CITY & STATE LAKELAND FL		ZIP CODE 33803	
TELEPHONE (863) 816-6779							
NAME LESTER RAINEY		ADDRESS 311 ALICE DR		CITY & STATE LAKELAND FL		ZIP CODE 33815	
TELEPHONE (765) 730-8878							
NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE—OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE—OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 12-1124		HSMV CRASH REPORT NUMBER 91687586																																									
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER COUN199885		STATE FL		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN 1T7HT4B2821118345																																					
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2002		MAKE THMS		MODEL		STYLE BU		COLOR UNK		DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None		EST. DAMAGE 3																																	
INSURANCE COMPANY (Driver) POLK COUNTY SCHOOL BOARD				INSURANCE POLICY NUMBER SELF-INSURED				Towed due to Damage: 1 No 2 Yes 1		VEHICLE REMOVED BY OWNER				1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative 77																																	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>														CURRENT ADDRESS THE SCHOOL BOARD OF POLK COUNTY FLORIDA 1430 HWY 60 E/PO BOX 391 BARTOW, FL 33831																																	
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN		YEAR		MAKE		LENGTH		AXLES																													
TRAILER #		LICENSE NUMBER		STATE		REGISTRATION EXPIRES		Check if Permanent Registration <input type="checkbox"/>		VIN		YEAR		MAKE		LENGTH		AXLES																													
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>														ON STREET, ROAD, HIGHWAY EDEN PKWY														AT EST. SPEED 5		POSTED SPEED 25		TOTAL LANES 2															
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT NUMBER		HAZ. MAT CLASS		Area of Initial Impact 														Most Damaged Area 																									
MOTOR CARRIER NAME								US DOT NUMBER								MOTOR CARRIER ADDRESS								CITY & STATE								ZIP CODE								PHONE NUMBER							
Vehicle Body Type 8		13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1		Trafficway 1 Two Way, Not Divided 2 Two Way, Not Divided, with a Continuous Left Turn Lane 3 Two Way, Divided, Unprotected (painted >4 feet) Median 4 Two Way, Divided, Positive Median Barrier 5 One Way Trafficway 88 Unknown		Trailer Type 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Commercial Motor Vehicle Configuration 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9 15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown																																			
Comm/Non-Commercial <input type="checkbox"/>		1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Most Harmful Event 10		Non Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non Collision		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown																																	
Sequence of Events 1st 10 2nd 3rd 4th		[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left		Vehicle Maneuver Action 3 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device For This Vehicle 6 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling / Trailer Hitch / Safety Chains 77 Other, Explain in Narrative 88 Unknown																																			
Special Function of Motor Vehicle 1		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/ Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown																																									
VIOLATIONS																																															
PERSON #		NAME OF VIOLATOR								FL STATUTE NUMBER								CHARGE								CITATION NUMBER																					
PERSON #		NAME OF VIOLATOR								FL STATUTE NUMBER								CHARGE								CITATION NUMBER																					
PERSON #		NAME OF VIOLATOR								FL STATUTE NUMBER								CHARGE								CITATION NUMBER																					

PERSON 1			REPORTING AGENCY CASE NUMBER 12-1124			HSMV CRASH REPORT NUMBER 91687586																					
1 Driver 2 Non Motorist 3 Passenger		VEHICLE # 1	NAME VIRGINIA M HARRIS ROBINSON				PHONE NUMBER		Check if Recommend Driver Re exam 0																		
CURRENT ADDRESS (Number and Street) 3465 PEACOCK LN						CITY & STATE MULBERRY, FL			ZIP CODE 33860																		
DATE OF BIRTH 01/27/1968		SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 2		STATE FL	EXPIRES 01/2020	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality		1																		
DRIVER																											
DL Type 2 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper -Rest 7 None		Required Endorsements 1 1 Yes 2 No 3 No Req. Endorsement		1st 3 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to keepin Proper Lane		Drivers Actions at Time of Crash 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action		3rd 1 Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown																			
88 Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd 1		4th 1																					
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		5 Load on Vehicle 6 Building / Fixed Object 7 Signs / Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative		DRIVER OR PASSENGER																					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC)		3 1 DOT Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		3 1 Yes 2 No 3 Not Applicable		3 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Read Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative																			
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 88 Unknown 88 Unknown 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		Air Bag Deployed (ABD) 2 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown																					
NON-MOTORIST																											
Non-Motorist Description 1 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non Motor Vehicle Transportation Device 7 Unknown Type of Non Motorist		Non-Motorist Location At Time of Crash 1 1 Intersection Marked Crosswalk 2 Intersection Unmarked Crosswalk 3 Intersection -Other 4 Midblock Marked Crosswalk 5 Travel Lane Other Location 6 Bicycle Lane 7 Shoulder/Roadside		8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared Use Path or Trail 12 Non Trafficway Area 77 Other, Explain in Narrative 88 Unknown		Action Prior to Crash 1 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K 12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown																					
Safety Equipment 1 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		1st 1 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right of Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown																			
ALCOHOL/DRUG/EMS																											
SUSPECTED ALCOHOL USE: 1 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC 1 1 No 2 Yes 88 Unknown		SUSPECTED DRUG USE: 1 1 No 2 Yes 88 Unknown																	
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown		DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown																	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																					
ADDITIONAL PASSENGERS																											
PERSON # 3		VEHICLE # 1		NAME RASHAD AUSTILE		DATE OF BIRTH 09/08/1998		INJ 1		SEX 1		LOC: S 88		R 88		O 3		EJECT 1		HU 3		EP 3		ABD 1		RS 5	
CURRENT ADDRESS (Number and Street) 804 W 7TH ST # A01						CITY & STATE LAKELAND, FL						ZIP CODE 33805															
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																					
PERSON # 4		VEHICLE # 1		NAME CHRISTOPHER BENNETT		DATE OF BIRTH 04/14/2003		INJ 1		SEX 1		LOC: S 88		R 88		O 3		EJECT 1		HU 3		EP 3		ABD 1		RS 5	
CURRENT ADDRESS (Number and Street) 804 W 7TH ST # 804						CITY & STATE LAKELAND, FL						ZIP CODE 33805															
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 1		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																					

HSMV 90010 S (V/P) (rev 10/10)

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PERSON 2			REPORTING AGENCY CASE NUMBER 12-1124			HSMV CRASH REPORT NUMBER 91687586											
1 Driver 2 Non Motorist 3 Passenger		VEHICLE # 2	NAME KATLYN RICKMAN				PHONE NUMBER (863) 712-5466		Check if Recommend Driver Re exam <input type="checkbox"/>								
CURRENT ADDRESS (Number and Street) 526 SUSAN DR						CITY & STATE LAKELAND, FL			ZIP CODE 33803								
DATE OF BIRTH 06/12/1997		SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 2		STATE	EXPIRES	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality								
DRIVER																	
DL Type <input type="checkbox"/> 1 A 2 B 3 C <input type="checkbox"/> 4 D/Chauffeur <input type="checkbox"/> 5 E/Operator <input type="checkbox"/> 6 E/Oper -Rest <input type="checkbox"/> 7 None		Required Endorsements <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No Req. Endorsement		1st <input type="checkbox"/>		Drivers Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to keepin Proper Lane		3rd <input type="checkbox"/>		Condition At Time of Crash <input type="checkbox"/> 1 Apparently Normal <input type="checkbox"/> 3 Asleep or Fatigued <input type="checkbox"/> 5 Ill (sick) or Fainted <input type="checkbox"/> 6 Seizure, Epilepsy, Blackout <input type="checkbox"/> 7 Physically Impaired <input type="checkbox"/> 8 Emotional (depression, angry, disturbed, etc.) <input type="checkbox"/> 9 Under the Influence of Medications/Drugs/Alcohol <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown							
Driver Distracted By <input type="checkbox"/> 1 Not Distracted <input type="checkbox"/> 2 Electronic Communication Devices (cell phone, etc.) <input type="checkbox"/> 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd <input type="checkbox"/>		26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action		4th <input type="checkbox"/>									
Driver Vision Obstructions <input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked / Stopped Vehicle <input type="checkbox"/> 4 Trees / Crops / Bushes		5 Load on Vehicle 6 Building / Fixed Object 7 Signs / Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative		DRIVER OR PASSENGER											
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown		LOCATION: SEAT ROW OTHER (LOC) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Ejection (EJECT) <input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable 88 Unknown		Helmet Use (HU) <input type="checkbox"/> 1 DOT Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet		Eye Protection (EP) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable		Restraint Systems (RS) <input type="checkbox"/> 1 Not Applicable (non-motorist) <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Read Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative							
NON-MOTORIST																	
Non-Motorist Description <input type="checkbox"/> 1 Pedestrian <input type="checkbox"/> 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) <input type="checkbox"/> 3 Bicyclist <input type="checkbox"/> 4 Other Cyclist <input type="checkbox"/> 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) <input type="checkbox"/> 6 Occupant of a Non Motor Vehicle Transportation Device <input type="checkbox"/> 7 Unknown Type of Non Motorist		Non-Motorist Location At Time of Crash <input type="checkbox"/> 1 Intersection Marked Crosswalk <input type="checkbox"/> 2 Intersection Unmarked Crosswalk <input type="checkbox"/> 3 Intersection -Other <input type="checkbox"/> 4 Midblock Marked Crosswalk <input type="checkbox"/> 5 Travel Lane Other Location <input type="checkbox"/> 6 Bicycle Lane <input type="checkbox"/> 7 Shoulder/Roadside		Non-Motorist Actions/Circumstances 1st <input type="checkbox"/> 1 No Improper Action <input type="checkbox"/> 2 Dart/Dash <input type="checkbox"/> 3 Failure to Yield Right of Way <input type="checkbox"/> 4 Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 5 In Roadway Improperly (standing, lying, working, playing) <input type="checkbox"/> 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		Action Prior to Crash <input type="checkbox"/> 1 Crossing Roadway <input type="checkbox"/> 2 Waiting to Cross Roadway <input type="checkbox"/> 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) <input type="checkbox"/> 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)		5 Walking/Cycling on Sidewalk 6 In Roadway Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K 12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown									
Safety Equipment <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Helmet <input type="checkbox"/> 3 Protective Pads Used (elbows, knees, shins, etc.) <input type="checkbox"/> 4 Reflective Clothing (jacket, backpack, etc.)		5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		2nd <input type="checkbox"/>		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)		10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown									
ALCOHOL/DRUG/EMS																	
SUSPECTED ALCOHOL USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes 88 Unknown		ALCOHOL TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given 88 Unknown if Tested		ALCOHOL TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 2 Breath <input type="checkbox"/> 3 Urine 77 Other, Explain in Narrative		ALCOHOL TEST RESULT: <input type="checkbox"/> 1 Pending <input type="checkbox"/> 2 Completed 88 Unknown		BAC <input type="checkbox"/>		SUSPECTED DRUG USE: <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes 88 Unknown		DRUG TESTED: <input type="checkbox"/> 1 Test Not Given <input type="checkbox"/> 2 Test Refused <input type="checkbox"/> 3 Test Given 88 Unknown if Tested		DRUG TEST TYPE: <input type="checkbox"/> 1 Blood <input type="checkbox"/> 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: <input type="checkbox"/> 1 Positive <input type="checkbox"/> 2 Negative <input type="checkbox"/> 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown				EMS AGENCY NAME OR ID POLK COUNTY EMS		EMS RUN NUMBER 3380		MEDICAL FACILITY TRANSPORTED TO TAMPA GENERAL HOSPITAL									
ADDITIONAL PASSENGERS																	
PERSON # 5	VEHICLE # 1	NAME CHRISTIONE BENNETT				DATE OF BIRTH 07/09/2004	INJ 1	SEX 2	LOC: S 88	R 88	O 3	EJECT 1	HU 3	EP 3	ABD 1	RS 5	
CURRENT ADDRESS (Number and Street) 804 W 7TH ST # E13						CITY & STATE LAKELAND, FL			ZIP CODE 33805								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown				EMS AGENCY NAME OR ID 1		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO									
PERSON # 6	VEHICLE # 1	NAME MICHAEL BREWER				DATE OF BIRTH 06/26/2001	INJ 1	SEX 1	LOC: S 88	R 88	O 3	EJECT 1	HU 3	EP 3	ABD 1	RS 5	
CURRENT ADDRESS (Number and Street) 1125 W 9TH ST						CITY & STATE LAKELAND, FL			ZIP CODE 33805								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown				EMS AGENCY NAME OR ID 1		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO									

NARRATIVE	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	12-1124	91687586

BASED ON DRIVER AND WITNESS STATEMENTS, V1, A POLK COUNTY SCHOOOL BOARD PASSENGER BUS #0217, WAS NORTHBOUND ON EDEN PKWY FACING A STOP SIGN AT W BEACON RD.

P2, A PEDESTRIAN WAS CROSSING W BEACON RD FROM NORTH TO SOUTH AND HAD JUST STEPPED OFF THE NORTHEAST CURBLINE.

AS V1 PROCEEDED INTO A LEFT TURN ONTO W BEACON RD, THE LEFT FRONT SIDE OF V1 STRUCK THE PEDESTRIAN NEAR THE CENTER OF THE EASTBOUND LANE AND CAUSED HER TO FALL TO THE GROUND.

ACCORDING TO WITNESSES, THE FRONT LEFT TIRE DROVE OVER THE PEDESTRIAN.

THERE IS EVIDENCE THAT THE PEDESTRIAN MADE CONTACT WITH THE OUTSIDE EDGE AND TREAD OF THE FRONT LEFT TIRE.

EVIDENCE ON THE LOWER LEFT EDGE OF THE BUS INDICATES THAT THE PEDESTRIAN MADE CONTACT WITH THE LOWER EDGE OF THE BUS SEVERAL TIMES.

THE BUS CONTINUED ITS FORWARD MOVEMENT AND THE LEFT REAR TANDEM TIRE DROVE ONTO THE PEDESTRIAN.

THE BUS THEN CAME TO A STOP AND WITNESS JONES YELLED TO D1 THAT THE BUS' TIRES WERE ON TOP OF THE PEDESTRIAN AND D1 PULLED THE BUS FORWARD OFF OF THE PEDESTRIAN.

EVIDENCE OF PROJECTILE VOMIT INDICATED THE EXACT ORIENTATION OF THE LEFT REAR TIRES

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
7	1	LADAYDREON CAMPBELL	02/14/2001	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
804 W 7TH ST			LAKELAND, FL			33805		
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID <div>1</div>		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
8	1	KALIYA COLLINS	04/10/2001	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
804 W 7TH ST # B11			LAKELAND, FL			33805		
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID <div>1</div>		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO	

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	12-1124	91687586

WHEN THEY STOPPED ON TOP OF THE PEDESTRIAN.

PCEMS MEDIC 43 ARRIVED ON SCENE AND PARAMEDIC BOST #0246 AND EMT RITTENHOUSE #1911 DETERMINED THE PEDESTRIAN MET TRAUMA ALERT CRITERIA AND AEROMEDIC, A MEDICAL HELICOPTER, WAS DISPATCHED TO THE SCENE.

THE PEDESTRIAN WAS TRANSPORTED TO SOUTHWEST ELEMENTARY SCHOOL WHICH WAS USED AS A LANDING ZONE, AND TURNED OVER TO AEROMEDIC FOR TRANSPORT TO TAMPA GENERAL HOSPITAL AT 3:45PM.

THE LPD TRAFFIC UNIT RESPONDED TO THE SCENE AND CONDUCTED AN ON-SCENE INVESTIGATION.

D1 CONSENTED TO A CONSENSUAL BLOOD DRAW AT LAKELAND REGIONAL MEDICAL CENTER.

D1 NOR ANY OF THE PASSENGERS OF V1 WERE INJURED AS A RESULT OF THIS CRASH.

NO DAMAGE WAS SUSTAINED BY THE BUS.

AT 4:37PM, DR CHA, THE ATTENDING PHYSICIAN, DECLARED THE PEDESTRIAN DECEASED AT TAMPA GENERAL HOSPITAL.

CHARGES IN THIS CASE ARE PENDING FURTHER INVESTIGATION.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
9	1	MALCOLM COOPER	11/30/2001	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
925 W 9TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
10	1	PARIS GANT	08/25/2006	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1820 W 10TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
11	1	ASIA GRAYSON	10/10/2001	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE							ZIP CODE			
1245 KATHLEEN RD			LAKELAND, FL							33805			

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
12	1	COREY GREEN JR	10/12/2003	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE							ZIP CODE			
1539 W 7TH ST			LAKELAND, FL							33805			

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
13	1	VICENTE GUERRA	11/07/2001	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1203 WABASH AVE		LAKELAND, FL		33815

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
14	1	JUAN GUERRA	07/22/2003	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1203 WABASH AVE		LAKELAND, FL		33815

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
15	1	MARCO GUERRA	11/16/2004	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1203 WABASH AVE		LAKELAND, FL		33815

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
16	1	ERIC HANDY	01/25/2005	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
804 W 7TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
17	1	JAKAYIAH HARRISON	05/08/2002	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1237 PARKHURST AVE		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
18	1	CARRINGTON HOLMES	06/25/2001	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1129 W 6TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
19	1	ZECHARIAH IDLEBURG	06/15/2002	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
1014 W 10TH ST			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
20	1	JAYDEN JACKSON	05/24/2005	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
804 W 7TH ST # F10			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
21	1	SHEMAR JORDAN	03/23/2001	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
804 W 7TH ST # A01			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
22	1	CHRISTSON LOUIS	10/29/2003	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
804 W 7TH ST # F20			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
23	1	TONIYAH MARTIN	03/23/2003	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
1126 W 6TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
24	1	JAMAIA MCDONALD	03/17/2003	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
804 W 7TH ST		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
25	1	JAHTORIA POE	03/22/2001	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
804 W 7TH ST # A14		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
26	1	DORIAN WALKER	06/30/2003	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
804 W 7TH ST # F14		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
27	1	SKYLER SOTO	12/10/2002	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
1104 W 7TH ST # D4			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
28	1	JAQUAVIOUS HARRISON	03/23/2001	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE		
1237 PARKHURST AVE			LAKELAND, FL			33805		

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
29	1	ANDREA MYERS	06/07/2005	1	2	88	88	1	1	3	2	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
804 W 7TH ST # D5		LAKELAND, FL		33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
30	1	A'NIAYA CHARLES-PIERRE	03/19/2001	1	2	88	88	1	1	2	3	1	5

CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE
333 W 7TH ST		LAKELAND, FL		33805

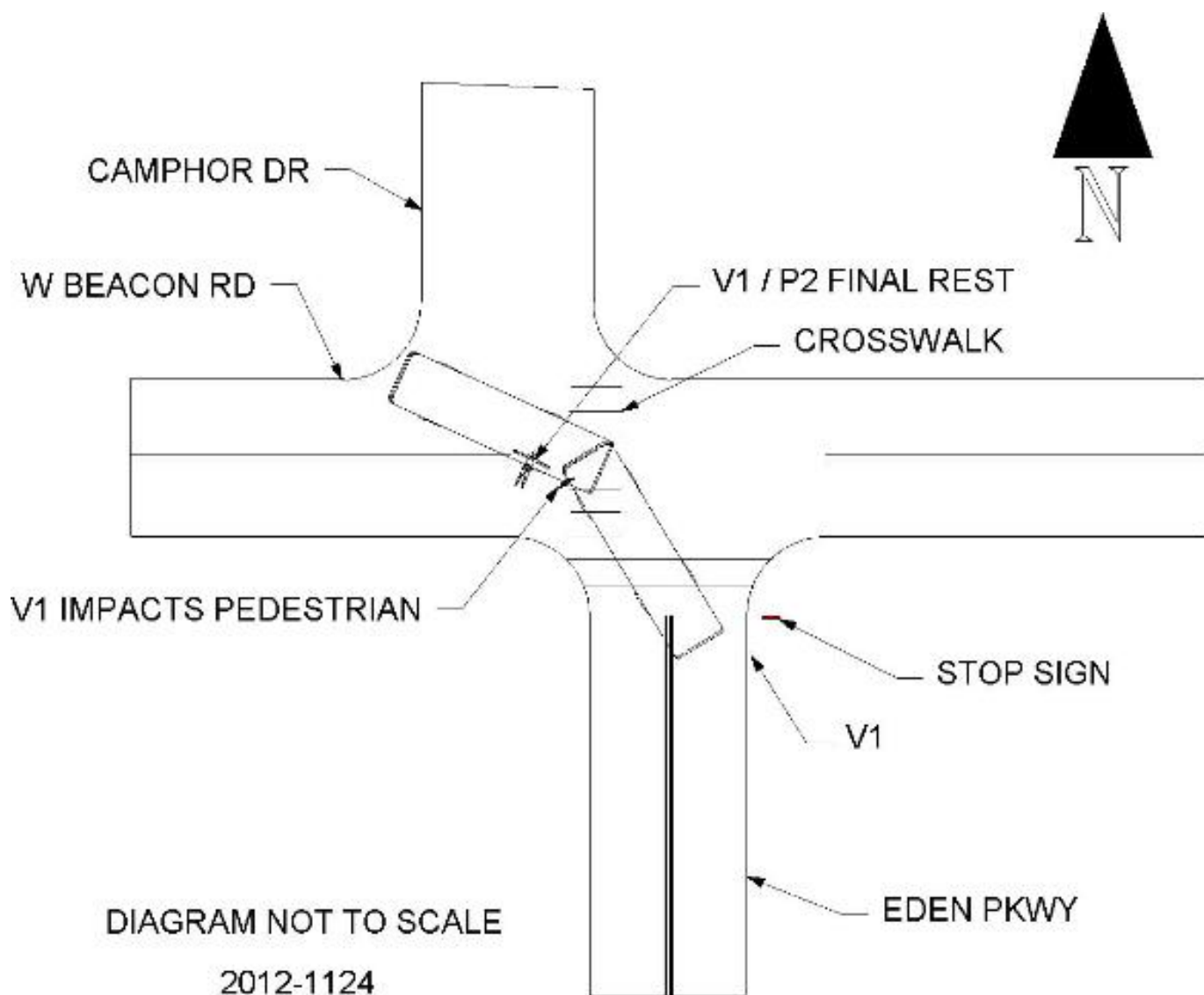
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE							ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		<input type="checkbox"/>		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE							ZIP CODE			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown		<input type="checkbox"/>		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO					

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

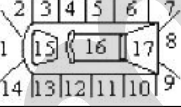
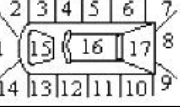
REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
291	Officer DENNIS MOSSER	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF FLORIDA TRAFFIC CRASH

LONG FORM ☐ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,
TALLAHASSEE, FL 32399-0537TOTAL # OF VEHICLE SECTION(S) 1
TOTAL # OF PERSON SECTION(S) 1
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 01/17/2012		TIME OF CRASH 3:06 PM		REPORTING AGENCY CASE NUMBER 12-1124		HSMV CRASH REPORT NUMBER 91687586		
CRASH IDENTIFIERS								
COUNTY CODE 05	CITY CODE 52	COUNTY OF CRASH Polk		PLACE OR CITY OF CRASH Lakeland		CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 3:06 PM	TIME DISPATCHED 3:07 PM
TIME ON SCENE 3:15 PM		TIME CLEARED SCENE 7:00 PM		CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) ON-GOING SBI CRASH INVESTIGATION			Notified By: 1 Motorist 2 Law Enforcement 2
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)								
CRASH OCCURRED ON STREET, ROAD, HIGHWAY W. BEACON RD				AT STREET ADDRESS # 1		AT LATITUDE AND LONGITUDE 2		
AT FEET		OR MILES		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3 EDEN PKWY		OR FROM MILEPOST # 4
Road System Identifier 5 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/ Toll 7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative			Type of Shoulder 3 1 Paved 2 Unpaved 3 Curb		Type of Intersection 2 1 Not at Intersection 2 Four Way Intersection 3 T Intersection 4 Y Intersection 5 Traffic Circle 6 Roundabout 7 Five Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>								
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted 5 Dark Not Lighted 6 Dark Unknown 77 Other, Explain in Narrative 88 Unknown		Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition 1 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		School Bus Related 2 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 3 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
First Harmful Event 10 1 No 2 Yes 88 Unknown		Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non Collision		Collision-non Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non Fixed Object		Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right of way 10 Roadside 88 Unknown
First Harmful Event Relation to Junction 2 1 Non Junction 2 Intersection 3 Intersection Related 4 Driveway/ Alley Access Related		Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/ maintenance/ utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover Related 16 Shared Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other Location 88 Unknown		Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 9 Worn, Travel Polished Surface 10 Road Surface Condition(wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non Highway Work 77 Other, Explain in Narrative 88 Unknown				
Work Zone related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
WITNESSES								
NAME JEFF S JONES		ADDRESS 1815 W PARKER ST		CITY & STATE LAKELAND FL		ZIP CODE 33815	TELEPHONE (863) 397-8502	
NAME SAMANTHA I SANTIAGO		ADDRESS 929 ARIANA ST # 14		CITY & STATE LAKELAND FL		ZIP CODE 33803	TELEPHONE (863) 816-6779	
NAME LESTER RAINEY		ADDRESS 311 ALICE DR		CITY & STATE LAKELAND FL		ZIP CODE 33815	TELEPHONE (765) 730-8878	
NON VEHICLE PROPERTY DAMAGE								
VEHICLE #	PERSON #	PROPERTY DAMAGE—OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	
VEHICLE #	PERSON #	PROPERTY DAMAGE—OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 12-1124		HSMV CRASH REPORT NUMBER 91687586						
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER COUN199885		STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN 1T7HT4B2821118345					
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2002	MAKE THMS	MODEL	STYLE BU	COLOR UNK	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE 3				
INSURANCE COMPANY (Driver) POLK COUNTY SCHOOL BOARD			INSURANCE POLICY NUMBER SELF-INSURED		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY OWNER		1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative 77				
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>				CURRENT ADDRESS THE SCHOOL BOARD OF POLK COUNTY FLORIDA 1430 HWY 60 E/PO BOX 391 BARTOW, FL		CITY & STATE 33831		ZIP CODE				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES			
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES			
VEHICLE TRAVELING N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>						ON STREET, ROAD, HIGHWAY EDEN PKWY		AT EST. SPEED 5	POSTED SPEED 25	TOTAL LANES 2		
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT NUMBER		HAZ. MAT CLASS		Area of Initial Impact 		Most Damaged Area 		
MOTOR CARRIER NAME				US DOT NUMBER				MOTOR CARRIER ADDRESS		CITY & STATE	ZIP CODE	PHONE NUMBER
Vehicle Body Type 8 1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped		13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1 1 Two Way, Not Divided 2 Two Way, Not Divided, with a Continuous Left Turn Lane 3 Two Way, Divided, Unprotected (painted >4 feet) Median 4 Two Way, Divided, Positive Median Barrier 5 One Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration <input type="checkbox"/> 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single Unit Truck (2 axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi Trailer 7 Truck Tractor/Double Truck		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9 15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown				
Comm/Non-Commercial <input type="checkbox"/> 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type <input type="checkbox"/> 1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		Cargos GVWR/GCWR <input type="checkbox"/> 1 10,000 lbs (4,536 kg) or less 2 10,001 26,000 lbs (4,536 11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		Cargo Body Type <input type="checkbox"/> 1 No Cargo 2 Bus 3 Van/Enclosed Box 4 Hopper 5 Pole Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown				
Most Harmful Event 10 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non Collision		Non Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non Collision		Collision with Non-Fixed Object <input type="checkbox"/> 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non Fixed Object		Collision Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		Emergency Vehicle Use 1 1 No 2 Yes 88 Unknown		
Sequence of Events 1st 10 2nd 3rd 4th		[40-46 Sequence of Events only] 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway		Vehicle Maneuver Action 3 1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing 13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		Traffic Control Device For This Vehicle 6 1 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 12 Suspension 13 Wheels 14 Windows/ Windshield 15 Mirrors 16 Truck Coupling / Trailer Hitch / Safety Chains 77 Other, Explain in Narrative 88 Unknown				
Roadway Grade 1 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left		Special Function of Motor Vehicle 1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		VIOLATIONS				
PERSON # 1	NAME OF VIOLATOR VIRGINIA M HARRIS ROBINSON			FL STATUTE NUMBER 316.130(7)(c)		CHARGE PEDESTRIAN, TRAFFIC VIOLATION		CITATION NUMBER 3710-WLB				
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER				
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER		CHARGE		CITATION NUMBER				

NARRATIVE

REPORTING AGENCY CASE NUMBER

12-1124

HSMV CRASH REPORT NUMBER

91687586

On Tuesday January 17, 2012, Dr1 was operating a 2002 Polk County School Bus (V1). During the operation, V1 struck a pedestrian child, resulting in the child expiring to her injuries.

Post investigation follow-up, to include, but not limited to: scene investigation, witness interviews and evidentiary information obtained, it was determined that the operator of V1, Virginia Harris Robinson, was at fault in this fatal crash. The post crash investigation revealed no criminal intent.

Based on the aforementioned, Virginia Harris Robinson was issued a uniform traffic citation for a pedestrian involved traffic violation. This concluded my involvement in this crash investigation and this case is closed.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
5	1	CHRISTIONE BENNETT	07/09/2004	1	2	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

804 W 7TH ST # E13

LAKELAND, FL

33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY
1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

1

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
6	1	MICHAEL BREWER	06/26/2001	1	1	88	88	3	1	3	3	1	5

CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

1125 W 9TH ST

LAKELAND, FL

33805

SOURCE OF TRANSPORT TO MEDICAL FACILITY
1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

1

EMS AGENCY NAME OR ID

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
145	Officer MICHAEL CATALANO	Lakeland Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

